

# CARLSBAD POLICE DEPARTMENT

## Massage Technician License Procedure

The following is intended to provide a sequential outline of the process for obtaining a **City of Carlsbad Massage Technician License**. It is provided for informational purposes and does not represent an obligation or contract to issue a Massage Technician license or any other license.

Please refer to Title 5, Chapter 5.16 of the City of Carlsbad Municipal Codes for regulations, requirements, and qualifications for licenses <http://www.carlsbadca.gov/chall/ccodes.html>

### 1. Applicant

1. Obtain application and medical statement forms from the Carlsbad Police Department.
2. When all paperwork is completed, make an appointment with Judy Thomas or Nancy Barnes at (760) 931-2145.
3. Appointment procedure is:
  - Pay license fee of \$100 and investigation background fee of \$50 (total \$150), **cash or check only**. Fees should be paid at the Carlsbad Police Department reception desk at the time of the appointment.
  - Fingerprints and photographs will be taken. (No other agency prints or photographs will be accepted).
  - Completed application will be reviewed and accepted.
  - Medical statement, completed by a licensed physician, will be reviewed and accepted. (Please use only the form we provided; any others will not be accepted.)
  - Please bring California Driver's License or other government-issued picture for confirmation of identity.
  - Legible copies and original school certificates/transcripts (200 hours) will be reviewed. Originals will not be kept by the police department.

### B. Police Department

1. A local criminal history check will be completed.
2. A California Department of Justice criminal history will be requested.
3. The police department will issue the City of Carlsbad Massage Technician License for a five-year period.
4. If the license is not approved, applicant may request an appointment with the license review detective.
5. The anniversary date shall be the same date that the license is issued.

**Note:** The applicant *should begin the license renewal process at least 60 days prior to the fifth anniversary date* to ensure the adequate time to process the application.

CARLSBAD POLICE DEPARTMENT  
MESSAGE TECHNICIAN/HOLISTIC HEALTH PRACTITIONER  
LICENSE APPLICATION

Full Name of Applicant: \_\_\_\_\_  
(Last) (First) (Middle)

Other Names Used by Applicant: \_\_\_\_\_  
(Last) (First) (Middle)

Physical Description: Sex \_\_\_\_\_ Age \_\_\_\_\_ HT \_\_\_\_\_ WT \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ SSN \_\_\_\_\_

Residential Address of Applicant: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Home Phone # (\_\_\_\_) \_\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_\_

Name and Address of Employer: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever had any license or permit issued by an agency, board, city, county or state revoked or suspended, or had any professional or vocational license or permit revoked or suspended?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

\_\_\_\_\_

List history of applicant as a massage technician or holistic health practitioner or similar business. Begin with current place of employment.

FROM	TO	COMPANY NAME & ADDRESS	TYPE OF WORK

List all criminal arrests and convictions, *excluding minor traffic violations*, and give explanation. **Failure to list arrests and convictions may result in non-issuance, revocation, or suspension of your license.**

DATE	PLACE	TYPE OF ARREST/CONVICTION & OUTCOME

I swear under penalty of perjury that no false, misleading, or fraudulent statements have been made on this application.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

CARLSBAD POLICE DEPARTMENT  
MESSAGE TECHNICIAN/HOLISTIC HEALTH PRACTITIONER  
MEDICAL STATEMENT

This statement is to be completed by a **medical doctor only** (physicians' assistants will not be acceptable), within thirty (30) days prior to the application of the City of Carlsbad Police Department for a Massage Technician or Holistic Health Practitioner's license.

The necessary tests have been performed on \_\_\_\_\_  
(Name of Applicant)  
and the results of all tests have been determined that the above named individual is free  
from syphilis, tuberculosis, or other contagious or communicable disease which is likely  
to be communicated during the administration of a massage.

\_\_\_\_\_  
Signature of Medical Doctor

\_\_\_\_\_  
Date

MEDICAL DOCTOR'S INFORMATION  
(Please print or use Stamp)

Name: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Business Address: \_\_\_\_\_  
\_\_\_\_\_